

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Phillip A. Danner et al. :  
 : Art Unit: 2616  
 Serial No.: 09/682,883 :  
 : Examiner: Jones, Prenell P.  
 Filed: October 29, 2001 :  
 :  
 For: ETHERNET SWITCH :

**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**TRANSMITTAL**

1. Transmitted herewith is:  
 1. Amendment Transmittal and Extension of Time (3 pages)  
 2. Amendment (13 pages)

**STATUS**

2. Applicant  
☐ claims small entity status.  
☒ is other than a small entity.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.  
 (complete (a) or (b), as applicable)

- (a)   X   Applicant petitions for an extension of time under 37 C.F.R. 1.136  
 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response within: |              | Other than small<br>entity Fee | Small entity Fee<br>(if applicable) |
|--------------------------------|--------------|--------------------------------|-------------------------------------|
| <u>  X  </u>                   | first month  | \$ 120.00                      | \$ 60.00                            |
| <u>      </u>                  | second month | \$ 450.00                      | \$ 225.00                           |
| <u>      </u>                  | third month  | \$ 1,020.00                    | \$ 510.00                           |
| <u>      </u>                  | fourth month | \$1,590.00                     | \$ 795.00                           |
| <u>      </u>                  | fifth month  | \$2,160.00                     | \$1,080.00                          |

Fee: \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

\_\_\_\_\_ An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$\_\_\_\_\_

OR

- (b) \_\_\_\_\_ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

#### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|        | (Col. 1)                                  |      | (Col. 2)                              | (Col. 3)         | SMALL ENTITY                  |    | OTHER THAN<br>SMALL ENTITY    |
|--------|---|------|---------------------------------------|------------------|-------------------------------|----|-------------------------------|
|        | CLAIMS<br>REMAINING<br>AFTER<br>AMDT      |      | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | ADDITIONAL<br>RATE FEE        | OR | ADDITIONAL<br>RATE FEE        |
| TOTAL  |   | MINU |                                       | =                | x \$25.00 =                   |    | x \$50.00 = \$                |
| INDEP. |   | S    |                                       | =                | \$                            |    | \$                            |
|        |   | MINU |                                       | =                | x \$100.00 =                  |    | x \$200.00 = \$               |
|        |   | S    |                                       | =                | \$                            |    | \$                            |
| _____  | FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |      |                                       |                  | + \$180.00 = \$               |    | + \$360.00 = \$               |
|        |   |      |                                       |                  | TOTAL<br>ADDITIONAL<br>FEE \$ | OR | TOTAL<br>ADDITIONAL<br>FEE \$ |

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$ \_\_\_\_\_

#### FEE PAYMENT

5. Attached is a check in the sum of \$\_\_\_\_\_

- ☒ Charge Deposit Account No. 01-2384 the sum of \$120.

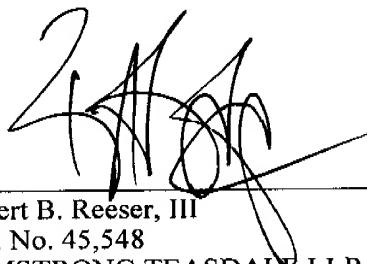
**FEE DEFICIENCY**

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. ☐ Other:




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